

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	BH	65245	1-6-99
O.I.P.E. CLASSIFIER		48	1/11/99
FORMALITY REVIEW		1101	1/11

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	26/1/99
2	✓	✓	26/1/99
3	✓	✓	26/1/99
4	✓	✓	26/1/99
5	✓	✓	26/1/99
6	✓	✓	26/1/99
7	✓	✓	26/1/99
8	✓	✓	26/1/99
9	✓	✓	26/1/99
10	✓	✓	26/1/99
11	✓	✓	26/1/99
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If more than 150 claims or 10 actions  
staple additional sheet here

Best Ancillary Copy